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ABSTRACT

This document presents an executive summary concerned with drug use in the schools. The introduction outlines the dimensions of the problem and the prevalence of drug use among adolescents. A section entitled "What Works" reports on the state-of-the-art drug prevention program which involves the social influence/resistance skills technique. Four key elements of this approach are described: (1) correction of misperceptions; (2) peer resistance skills; (3) family influences; and (4) media influences. New and old drug prevention programs are discussed; when, where, and how to use drug prevention programs are considered; intervention programs are described; and a comprehensive effort is recommended. A section on reviewing and evaluating drug programs discusses characteristics of a good drug policy, how to develop a drug policy, needs assessment, program evaluation, and legal issues in drug programs. The final section examines how to effectively communicate an anti-drug program. It provides information on getting organized, publicizing school board policy and procedures, developing a public relations plan, forming an action committee, cooperating with other agencies, educating the school staff about their role, fighting rumors, cooperating with reporters, and evaluating efforts. Information is provided for obtaining additional resources in drug prevention. (NB)

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Executive Summary #1

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The Drug Free School: What School Executives Can Do.

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INTRODUCTION

Drugs have suddenly become a major issue facing the nation's schools. Drugs have been a problem in the schools for almost 20 years, and general drug use by high school students has actually been declining from historical highs. Nevertheless, ignited by the media, fueled by election year pressures and fed by the deaths of several prominent athletes, the drug issue has exploded on the national consciousness.

But polls seem to indicate that there has been a basic shift in public attitudes about drug use over the last year. As a result, the President, the Congress, and state and local political leaders combined with the media are leading a major attack on the drug problem. This public concern is bound to increase pressure on educators to do more about drug use in the schools.

THE DIMENSIONS OF THE PROBLEM

- Incidence of drug experimentation
- Prevalence of daily use
- The cocaine problem
- The alcohol problem
- Is there a drug epidemic?

Although there has been a recent slight upturn in drug use among high school students from 1984 to 1985, levels of all drugs (with the exception of cocaine and inhalants) are lower than they have been in earlier years, according to the National Institute on Drug Abuse (NIDA).

But drug use among the nation's youth continues to remain high: 92% of high school seniors have used alcohol at some time; 69% have tried cigarettes; and 61 percent have tried illicit drugs. Fifty-four% of seniors in the class of 1985 had tried marijuana at some time, and four out of 10 had tried an illicit drug other than marijuana.

More frightening than such widespread experimentation is the growth in daily use of some drugs; the number of seniors using PCP on a daily basis has tripled between 1984 and 1985; the number using cocaine daily has doubled. There were also increases in the class of 1985 in the daily use of alcohol, inhalants, and hallucinogens. By far the most frequently used drug is tobacco, and daily use of cigarettes grew from 18.7% to 19.5% between 1984 and 1985.

The media has focused attention on the cocaine problem, and frequent use of cocaine is growing. Daily use of cocaine among seniors in the class of 1985 was .4%, up from .2% the previous year. However, those who had used cocaine at least once during the past 30 days rose from 5.8% to 6.7% during the same period.

Even more alarming are reports from another survey which indicated that 44% of those who used cocaine had smoked it, rather than "snorting" it, a much more dangerous pattern of use.

And today's drugs are more potent and addictive than ever. For example, marijuana today is five to 20 times stronger than it was previously; crack is a new, highly addictive form of cocaine, and the so-called new "designer" drugs have been known to cause permanent brain damage.

There are other alarming trends. Although prevalence of use of some drugs may be down, the intensity of use may be going up: Daily use of inhalants, PCP and cocaine hit all-time highs this year. The age of first use is dropping: the average age of starting alcohol use dropped to 12.5 years and marijuana use to 11.8 years.

And trends for most drug use turned up slightly in 1985 over 1984. This may have shattered the complacency of many people and made them realize that the problem was not going to solve itself. This, in turn, may have led to the public's "fed up" attitude.

PREVALENCE OF DRUG USE
12-17 years old
(population - 21,640,000)

Drug	%	Ever Used	%	Current User
Marijuana & Hashish	24	5,130,000	12	2,660,000
Hallucinogens	3	690,000	1	250,000
Inhalants*	9	1,970,000	4	770,000
Cocaine	5	1,120,000	2	390,000
Heroin	**		**	
Stimulants	6	1,180,000	2	380,000
Sedatives	4	870,000	1	230,000
Tranquilizers	5	1,030,000	1	140,000
Analgesics	6	1,270,000	2	420,000
Alcohol	57	12,100,000	32	6,820,000
Cigarettes	45	9,790,000	16	3,370,000

*Inhalants includes amyl and butyl nitrites, glue and various household sprays (spray-on cooking oil, whipped cream, etc.)
**less than .5%
"Ever Used" used at least once in a person's life
"Current User" used at least once in 30 days prior to the survey.
Source: *1985 National Household Survey on Drug Abuse, NIDA.*

WHAT WORKS

A SCIENTIFIC BREAKTHROUGH

Researchers who have been depressed for years because they were unable to document any successful drug programs are now excited. A scientific breakthrough may have occurred very recently. It has led one leading researcher to declare for the first time that "prevention works!"

IS THERE A DRUG EPIDEMIC?

The troubling statistics on drug use must be put into perspective: there is no overall drug epidemic. For example, the number of seniors who had used marijuana at least once during the past 30 days was over 37% in 1978 and is now down to 25.7%. Another example: use of alcohol during the past 30 days for seniors also peaked in 1978 at 72%; it is now down to 65.9%. Daily use of cigarettes peaked in 1977 at 28.8%, and is now down to 19.5%. The percentage of seniors who had used LSD sometime during the previous 30 days declined from 2.4% in 1979 to 1.6% in 1985. Source: *NIDA Statistics*.

Gilbert J. Botvin of Cornell University says that "we now have the evidence from a growing body of literature, from scientifically defensible evaluation studies" that these "second generation" prevention programs based on the "social influence/resistance skills approach" can be effective.

THE STATE OF THE ART

- Characteristics
- Components

What is the state of the art drug prevention program? The "social influence/resistance skills" technique seeks to innoculate students against the pressures to use drugs by teaching them skills to say no. It is based on behavior change theory and consists of four key elements, according to Brian R. Flay of the University of Southern California.

1. **Correction of misperceptions:** students are shown that nearly everyone overestimates the magnitude of drug usage, a revelation which reduces the pressure to "be part of the crowd" and use drugs.
2. **Peer resistance skills:** effective resistance skills, or ways of saying no, are described, modeled and practiced by students through role playing.
3. **Family influences:** students are shown how the behavior of their parents and other adults they admire influences their own behavior.
4. **Media influences:** students learn how information and advertising conveyed by newspapers, magazines, television, radio and entertainment outlets can influence their behavior without their awareness. They also are taught to view such media critically and to develop ways to counter media messages.

Also included is information about the immediate physiological and social effects of smoking, alcohol and drug abuse (carbon monoxide in the blood and yellow teeth and nails, for example), which is more effective than dwelling on long-term effects (heart disease, for instance).

Botvin says the best results have come from programs that include skills involving problem-solving, communication, conversation, assertiveness and stress and anxiety reduction.

Another component of many programs is a public

CASE STUDY: LOS ANGELES

The Los Angeles (Calif.) Unified School District program is designed to help students resist peer pressures and to improve self-concepts by providing opportunities to develop skills of self-management and peer resistance training.

Primary grade instruction covers how drugs and other non-foods may be harmful and the dangers of chemicals stored at home. Middle and upper elementary grades are focused on self-esteem, decision making, problem-solving and peer resistance skills.

Junior and senior high schools concentrate on the effects of tobacco, alcohol and drugs in health courses and other subjects as well as through school-wide programs and campaigns on alternatives to drugs such as field trips, special interest clubs and sports activities.

One program used in the district is *Project SMART* being tested by the Rand Corp. in sixth through ninth grades. Substance abuse was cut in half for seventh and eighth grade students in the program, the district reported.

commitment to avoid or reduce the use of drugs. Research shows that a commitment carries positive social pressure that improves the chances of a decision (not to use drugs) being maintained.

The new approach grew out of highly successful anti-smoking research which reported up to 87% reduction in the starting of regular smoking among junior high students.

NEW VERSUS OLD PROGRAMS

- Scare tactics
- Affective approach
- Drug information approach
- Comparison to four program types

First to be tried were scare tactics: "We paraded a casket, we had mock funerals for addicts and it didn't work," said New York City Schools' Levander Lilly, assistant to the chancellor. Then an affective approach (values clarification and decision making) was tried. "Neither of those approaches was effective at preventing the onset of cigarette smoking and drug abuse behaviors," Flay said. "Indeed, some were shown to be harmful because students learned about drugs, had their curiousity piqued and subsequently were more likely to try them."

A new and as yet unpublished study of 143 adolescent drug prevention programs being used in schools indicates social influence programs—combining refusal and decision making skills—were more effective than four other approaches combined, said Nancy S. Tobler, a research associate at the State University of New York/ Albany and a family therapist.

The other four approaches were: 1) information about drugs only; 2) information plus affective; 3) affective only; and 4) alternative activities (such as job training and anti-drug recognition programs). The alternatives approach was successful for some adolescents such as drug abusers, delinquents and students with poor school performance. However, such programs are much more costly than the others.

By contrast, social influence programs are the least costly in time and money, Tobler said, and can be effective with only 10 hours of classroom instruction. Tobler said her findings clearly show that the social influence concept "that was so successful with smoking programs also shows success with other drugs."

It also shows that a significant new strategy being tested in the field of drug prevention works. This strategy seeks to change behavior (drug use) without necessarily altering attitudes (perceptions about the right or wrong of others using drugs), which have been found to be much harder to modify.

CASE STUDY: FAIRFAX COUNTY, VA.

The Fairfax County, Va., Public Schools operate a comprehensive substance abuse prevention program for students in kindergarten through ninth grade that is aimed at prevention, early identification of drug use, intervention and referrals to medical or treatment facilities.

The upper elementary and intermediate school programs cover problem-solving and decision-making skills, the role of peer pressure, alternatives to drug use and the legal consequences of alcohol and drug involvement.

An extensive parent and community education program includes local-school task forces to plan anti-drug activities for young people, public service announcements and pledges to keep youth parties free from alcohol or drugs.

Drug and alcohol awareness programs are conducted for teachers and other employees to enable them to identify drug use and become familiar with diagnostic and treatment facilities.

Teams of administrators, teachers, counselors and parents are trained in evaluation techniques to assess the effectiveness of their schools' drug prevention programs.

An alternative education program is available to students suspended for first-offense substance abuse violation, which provides for students and parents to attend a three-day education and awareness session.

The district reports its drug prevention program, started six years ago, has resulted in a 40% reduction in student suspensions for alcohol and drug violations.

"The possibility exists that these (social influence/resistance) skills can be acquired quickly while basic attitudes cannot be changed in this age (adolescent) group," Tobler concluded.

The largest test of the social influence approach is being conducted by the Rand Corp. in 30 schools in California and Oregon involving 7,000 students in seventh and eight grades. Final results are not expected until 1987, but preliminary data based on a 40% sample indicates the program has led to a decrease in positive attitudes towards drugs and a reduction in use, according to Phyllis L. Ellickson, a project researcher.

DRUG PREVENTION PROGRAMS: WHEN AND WHERE

- K-12 programs
- Junior high programs
- High school programs
- Teacher training
- Use of peer leaders

When, where and how to use drug programs? The U.S. Department of Education urges that prevention programs be provided in all grades because "drug education is cumulative." The National Institute on Drug Abuse says using a K-12 program has the advantage of allowing growth in sophistication over time.

But there is wide agreement and research evidence that the social influence/resistance skills approach is most effective at the point when young people are exposed to pressures to try drugs. That usually is in the adolescent years, which strongly suggests programs should be aimed at the junior high school and possibly the upper elementary grades.

There is disagreement about what is effective to prevent drug use in the elementary school grades. Prevention programs in kindergarten and elementary levels may be most effective when involving parents, whose influence with their children is strongest.

At the high school level, sophisticated prevention programs are more appropriate, covering social and environmental influences, pharmacology and the effects of drugs on human growth and development.

"If we've learned anything from the last decade, its that one-shot prevention efforts do not work!" said Bonnie Benard in reviewing drug prevention research for the Western Training and Development Center, a federally-funded anti-drug training agency. Most experts believe it is best to integrate the program into the school curriculum, avoiding a "tack-on" approach and allowing sufficient time in classes for presentation on a regular basis.

NIDA says comprehensive prevention programs in health and social studies classes (or units) should run a semester or longer in any given school year and should meet daily or at least twice a week.

Teachers will frequently require training in the social influence program strategies and principles. However, some authorities believe that student peer leaders can be highly effective in presenting at least part of the program. Extensive research is now studying peer programs.

INTERVENTION PROGRAMS

- At-risk students
- Counseling and referral
- Teachers, administrators & counselors

Intervention is an essential aspect of school drug programs and consists of efforts to help students who abuse drugs or are considered at risk of becoming abusers. This may be missing from many older programs that concentrated on punitive measures to discourage drug use.

Intervention programs usually include both referral and counseling components, but they are a supplement to and not a substitute for prevention programs. The extent of the program should be based on the level of abuse, the school's staff expertise and community resources.

All teachers, administrators and other staff have roles in an intervention program, and that role should be delineated. Teachers often are first to be exposed to behavior of abusers and need to be trained in how to recognize it, how to counsel students and when and where to refer them for help.

CASE STUDY: WICHITA, KAN., PUBLIC SCHOOLS

The Wichita, Kansas public schools' prevention-intervention program has served as a model for the state of Kansas for four years. It is a comprehensive and multi-component project covering K-12 founded on the philosophy that "people support what they help create."

It uses the "school team approach" developed by U.S. Dept. of Education, in which teams of administrators, teachers, counselors and parents undergo specialized training that leads to an assessment of a school's drug problems and a plan of action.

Under the program, teachers are expected to serve as models in drug-prevention education and receive extensive training in self-concept communication, decision making, peer pressure and information about alcohol and drugs.

The district reported a 43% decline in substance abuse suspensions over the last four years and a 58% decrease in the number of suspected drug abuse cases between 1980 and 1984.

Administrators must be equally informed and also prepared to direct or sometimes order students to participate in counseling, treatment or other program services.

The school drug counselor plays a central role in intervention by evaluating students involved in drug-related incidents at schools. He/she refers students to school programs or outside agencies for help.

COMPREHENSIVE EFFORT NEEDED

- Multi-faceted problem
- Multiple causes of drug use
- Schools can be the leaders

Thus far, this report has focused on what schools can do to curtail drug use, but schools can't do it alone.

It will take a comprehensive effort involving parents, the community, law enforcement, health and social agencies and others to succeed.

"It should be clear by now that the schools alone cannot deal effectively with the drug problem," said Michael Buscemi, senior vice president of The Quest National Center. "It is a problem of schools, families, individuals, communities and the larger society."

Research has shown, Benard reports, that the causes of drug abuse involve personality, environmental and behavioral variables which don't always involve the school primarily.

Schools can facilitate community-wide prevention activities, Benard says, by providing resources for meeting locations and acting as communication channels and information sources for:

√ Parent education classes
√ Parent support groups
√ Groups for high-risk children
√ Alternative activities for youth

REVIEWING AND EVALUATING DRUG PROGRAMS

- Policies out of date
- Clear policies are preventive measure

The vast majority of school districts in America have some form of drug policy, but many are inconsistent, out of date and not enforced. This may be the time to review and evaluate your drug program.

There is broad agreement among educators, according to NIDA, that sound policies and procedures can themselves serve as *preventive* measures by:

* Stating clearly and forthrightly the school's stance against drug use and thus eliminating any confusion that could suggest tolerance;

KEEPING DRUG POLICIES CURRENT

An important provision of any new or revised school drug policy requires periodic review to make sure that the policy remains up to date. It should include:

√ The interval at which policies should be reviewed;

√ Who is responsible for conducting the review;

√ The process for reviewing the policy.

* Spelling out the appropriate actions and roles, responsibilities and rights of staff and students in dealing with drug use as well as medical emergencies;
* Assuring that policies are in accord with law.

A federal survey of administrators also showed that the most common reason given for reduction of drug problems in their schools involved changes made in drug policies or improved implementation.

CHARACTERISTICS OF A GOOD DRUG POLICY

- Specific procedures
- Reflect values of community
- Include roles and responsibilities

What are the characteristics of a good drug policy? First, it should be specific—the more detail, especially in the procedures for carrying it out, the more useful and effective it will be.

Such a policy can be applied evenly and consistently so everyone is treated fairly but firmly. It benefits those being disciplined as well as those administering the discipline. The policy creates an atmosphere in which problems can be addressed in a calm and rational manner, enhancing the chances of effectiveness.

Second, the policy must reflect accurately and articulately the values of the community served by the school. Even more than educational policy, drug policy should be aligned with the community's philosophy on drug use because drug prevention may require home-school cooperation more than other problems.

Third, drug policies should contain procedures that explicitly describe the roles and responsibilities of those charged with implementing the policies.

For instance, school personnel should know:

√ Which incidents they are required to report, to whom they must be reported, the procedures for making such reports, and the information to be included.

√ When to refer students to outside agencies for help and to whom they should be referred.

√ The amount of discretion to be allowed in handling a situation.

√ The requirements and limitations of laws and regulations relevant to drug use.

HOW TO DEVELOP A DRUG POLICY

- Different approaches to policy development
- How committees should proceed
- Topics to be covered

Who develops drug policies?

Historically, principals and administrators have, but that is changing. Significant participation of the community is now considered critically important, as pointed out in the previous section.

They are better developed at the district or county level to guarantee consistency and avoid duplication.

Several approaches can be followed:

* Policies are drafted by administrators and submitted to a citizen task force for review.

* A committee develops the policies for submission to administrators to implement.

* The committee develops policies and procedures that are binding on administrators.

* The school board creates a committee which draws up policies to be approved by the board.

* Perhaps the most acceptable method is to have the community committee develop the policies and the school board assign the task of drawing up procedures to the staff for review by the board. The growing practice is to establish a committee, chaired by an administrator, a community leader or even a board member, to take some part in the policy development process. Members should include board members, administrators, teachers, a district or county drug specialist, a counselor or psychologist, PTA representatives, parents, student government members, other students, law enforcement officers, community drug abuse program people, local government officials, religious leaders, service club members, community organization representatives, business leaders and legal counsel.

GUIDELINES FOR DEVELOPING DRUG POLICIES

Policies should:

√ Be clear and unambiguous;

√ Be legally sound and consistent with the rights of all students to a school environment conducive to learning;

√ Be consistently applied without exception;

√ Be well publicized;

√ Provide for drug education that is based on accurate and scientifically valid information;

√ Require that alcohol and drug education curricula be used on all grade levels;

√ Be unequivocal in requiring a no-use, drug-free school and school-related environment;

√ Should recognize that parents ultimately assume the primary responsibility for their children's drug use but not allow differences in parental standards to compromise the school's legal and moral commitment to establish and maintain a drug-free environment.

—The American Council for Drug Education

Early in the process, the committee should:

√ Define the role and authority of the committee;

√ Determine the function of school drug policies;

√ Compile the laws and regulations affecting drug policies;

√ Clarify school-community views of its responsibility in dealing with drug use;

√ Determine the need for revising policies;

√ Examine existing policies, if any;

√ Determine process to be used in developing new policies and making recommendations;

√ Establish timelines for completing its work.

Creation of subcommittees have been found to be very useful in focusing efforts on key areas:

* **Discipline**—to study existing laws, court decisions and local regulations on drug use;

* **Prevention**—to review research on substance abuse and develop criteria to assess programs;

* **Intervention**—determine policies for dealing with instances of drug use or "at-risk" students;

* **Emergencies**—to develop policies for managing drug-related emergencies at school;

* **Other drugs**—to develop policies covering prescription, over the counter and other legal drugs.

NEEDS ASSESSMENTS HELP

- Conduct needs assessment
- Informal drug use surveys
- Legal review necessary

At the outset, a needs assessment should be conducted to determine the extent and nature of the drug problem confronting the school. Information can be gathered on state and local drug use by students, on disciplinary actions for drug related offenses at the county, district and school levels as well as convictions of minors on drug-connected charges from police and court records. Data from hospital emergency rooms and the county or city medical examiner also may be useful.

Many school districts are turning to informal surveys of students and/or staff members to gauge the extent of drug use or the perception of the problem. In addition, evidence and impressions can be invited in written or oral form from school personnel, students, parents and others. All of these indicators can be used to evaluate effects of the drug program.

When the committee completes its work, any new policies or procedures recommended should be reviewed by legal counsel.

PROGRAM EVALUATION

- Evaluation necessary
- Evaluation is a risk
- Value of self-evaluation

Evaluation is a vital part of any drug use program. Without evidence of results, funding sources may be reluctant to keep putting money into such programs. Administrators will find it difficult to allocate funds among components and to modify the program to meet greater needs.

Evaluation is a two-edged sword. It can validate

Evaluation Information Resources

* Austin, Michael J. et al., *Evaluating Your Agency's Programs*, Sage Publications, Beverly Hills, 1982 (A very readable discussion of the process of evaluation. It includes an extensive discussion of program effort, effectiveness and efficiency).
* Campbell, Donald T., and Stanley, Julian C., *Experimental And Quasi-Experimental Designs for Research*, Rand McNally, Chicago, 1963. (A small but powerful book. Everything you need to know about basic research designs.)
* *Developmental Research and Programs, Preparing for the Drug (FREE) Years, 1986.* 1803 NE 52nd, Seattle WA 98105. (A book for parents that identifies the risk factors that encourage adolescent drug use and prescribes family activities that have been shown to reduce that risk.)
* Dillman, Don A., *Mail and Telephone Surveys*, John Wiley and Sons, New York, 1978. (A good resource for designing survey instruments.)
* Elliot, Delbert S. and Huizinga, David, 1984, "The Relationship Between Delinquent Behavior and ADM Problems." (conference on Juvenile Offenders with Serious Drug, Alcohol & Mental Health Problems, Bethesda, Md).
* French, John F., Fisher, Court C., and Costa, Samuel J., *Working with Evaluators*, NIDA, Rockville, Md., 1983. (A guide for program managers on the issues surrounding evaluation of prevention programs. Includes several case studies.)
* French, John F., and Kaufman, Nancy J., *Handbook for Prevention Evaluation*, NIDA, Rockville, Md 1983. (Just about everything you need to know about prevention evaluation. It covers the same issues as the STEPP handbook in a more technical fashion..)
* Guess, Lynn L., and Tuchfeld, Barry S., *Manual for Drug Abuse Treatment Program Self-Evaluation*, (This manual does for treatment programs what the STEPP program does for prevention programs. A quick resource for basic treatment program self-evaluation.)
* Horowitz, Gideon, *Sadistic Statistics*, Avery Pubishing, Wayne, NJ, 1979. (A simple guide to statistics.)
* Hawkins, J. David, Lisner, Denis M., and Catalano, Richard F., "Childhood Predictors and the Prevention of Adolescent Substance Abuse," in CL Jones and R.B. Battjes (eds.) *Etiology of Drug Abuse: Implications for Prevention*, NIDA, 1985.
* Hawkins, J. David, and Sloma, Donald, "Recognizing the Organizational Context: A Strategy for Evaluation Research," *Administration in Social Work*, Vol, 2(3), Fall 1978.
* Marlatt, G.A., Stephens, R.S., Kivlahan, D., Brief, D.J. and Banaji, Mahzarin, 1986, "Empirical Evidence on the Reliability and Validity of Self-Reports of Alcohol Use and Associated Behaviors." (Paper presented at a workshop on the validity of self-reporting in alcoholism treatment research. Washington, D.C., National Institute for Alcoholism and Alcohol Abuse.
* NIDA, *Prevention Planning Workbook*, Rockville, MD, 1981. (Outlines eight steps in a systematic prevention program planning process.)
* Price, Richard H., and Smith, Sallie S., *A Guide to Evaluating Prevention Programs in Mental Health*, NIMH, Rockville, Md, 1985. (A manual designed to assist community mental health directors with the task of evaluating their programs.)
* Wells, Elizabeth A., Hawkins, J. David, and Catalano, Richard F., "Choosing Drug Use Measures for Treatment Outcome Studies: The Influence of Measurement Approach on Treatment Results," 1986, in press. (A useful discussion of the issues that should be considered in the choice of drug use outcome measures.)

the success of a program to varying degrees, or demonstrate failure and the need for improvement. It can require considerable time and effort. But if evaluation is ignored, administrators can be charged with lack of accountability.

The important thing to remember is that evaluation can be used to answer your own questions—not someone else's, according to the *Manual for Evaluating Drug and Alcohol Prevention Programs*, a forthcoming handbook produced by NIDA.

In self-evaluation, when staff determines its own questions and the answers are used to improve the program, evaluation becomes a way to identify and solve problems and to increase operational effectiveness.

CASE STUDY: NEW YORK CITY

The New York City Community School District 15 Alternatives Drug Prevention Program introduces the material in 15 weekly lessons by drug education specialists who in the process train teachers who oversee a continuing drug education program for students thereafter.

It utilizes "contracts" between specialists and members of small groups of at-risk students and peer leaders who explore drug use problems in-depth and on an individual basis before pledging to lead drug-free lives.

The curriculum, designed for elementary, intermediate and junior high schools in the Brooklyn district, covers 40 lessons and activities developed around communication, self-awareness, values clarification, decision making, emotional-awareness, and peer and family relationships. It includes information on tobacco, alcohol and substance use as well as role-playing, discussion groups and student surveys of drug involvement.

Evaluation is also becoming a widely used practice by schools—44% of all prevention programs report using some form of evaluation, according to NIDA. And cost is not an obstacle to good evaluation. The NIDA handbook offers a specially-prepared guide for developing your own evaluation designs from start to finish.

LEGAL ISSUES IN DRUG PROGRAMS

- Search and seizure
- Drug testing
- Confidentiality
- Due process

Three areas of law are particularly pertinent: search and seizure, confidentiality and due process, according to a forthcoming handbook of NIDA, called *A School Policy Manual for Drugs and Alcohol*.

TWO FREE MANUALS YOU SHOULD HAVE!

The National Institute on Drug Abuse is developing two manuals which should be very helpful to schools: *Manual for Evaluating Drug and Alcohol Prevention Programs*; and *A School Policy Manual for Drugs and Alcohol.* Both will be available around January 15, 1987 from The National Clearinghouse for Drug Abuse Information, PO Box 416, Kensington, Md. 20852 (301-443-6500).

Whether school personnel are to be considered as government agents or surrogate parents is the key question in the search and seizure of public school students and their property, which also includes school lockers. Court rulings have placed school personnel on a hazy ground between roles as parents and police.

But courts also have ruled that drugs are disruptive of discipline and order and a threat to the health and safety of students and school employees. In this light, courts have not required school personnel to meet search and seizure requirements as stringently as those for law enforcement officials.

Therefore, searches by school personnel have been ruled legal if there was "reasonable grounds" to believe a search was necessary.

The key factor in determining reasonableness is the reliability of information on which a search is based. Unsubstantiated rumor is probably not reasonable grounds; a report from a student likely is, courts say.

When searches are deemed necessary, administrators are best advised to seek the voluntary permission of students because if students consent, standards of cause are not likely to become a legal issue.

Well-drafted policies and procedures will usually avoid many legal challenges. Procedures should be explicit, state the reasons and under what conditions a search may be conducted, who may conduct them and the process to be followed. Without clear policies and procedures, the searches, seizures and subsequent disciplinary measures may be held invalid.

Mandatory urine testing of students, even if reasonable cause seems to exist, has been ruled unconstitutional by federal and state courts. There have been some rulings that mandatory testing of public

employees is also unconstitutional.

But *voluntary* urine testing of students appears to be constitutional, although the practice is still new and untested in the courts. A small but growing number of school districts are asking high school athletes and in some cases, all high school students, to volunteer for testing. One reason cited is to provide students themselves an additional excuse to avoid the consequences of being caught using drugs.

Although students are often urged to confide in teachers about drug problems, communications between teachers or other school personnel and students is not privileged on legal grounds. School personnel are sometimes advised to refer students to professionals with whom confidentiality is protected, especially if legal reporting requirements come into play.

The disclosure of information contained in records that schools keep on students is restricted by the Federal Educational Rights and Privacy Act of 1974. But the law in this area is very complex and subject to varying court interpretations.

The Federal Drug Abuse Office and Treatment Act of 1972 also strictly limits the release of information about individuals, including minor students, who have been referred to drug counseling or treatment.

Due process rights of students have been spelled out to a much greater degree by the courts. Generally, the procedures that must be followed before a student can be deprived of a constitutional right depend on the type of penalty being imposed.

Most administrators are familiar with the U.S. Supreme Court's 1974 decision in *Gross v. Lopez*, which laid down the conditions under which students are entitled to due process, including notice of disciplinary actions to be taken by school authorities and opportunities to respond to charges.

This decision underscores the need for schools to adopt policies describing explicitly what rights students have in different types of situations and disciplinary procedures which may apply.

In all legal matters involving drug policies, NIDA strongly suggests that schools consult knowledgeable legal counsel in the development and implementation of those policies.

DRUG PROGRAM SOURCES AND RESOURCES

* *A Guide to Developing and Revising School Drug Policies and Procedures*, forthcoming, NIDA, Prevention Branch, 5600 Fishers Lane, Rockville, Md. 20857,
* *Building Drug-Free Schools: An Educator's Guide to Policy, Curriculum & Community Consensus*, forthcoming, the American Council on Drug Education, 5820 Hubbard Drive, Rockville, Md. 20857.
* "Characteristics of Effective Prevention Programs" and "The Role of Schools in Substance Abuse Prevention," Bonnie Benard, *Prevention Forum*, Vol. 6, No. 4, June 1986 and Vol. 5, No. 3, March 1985, Prevention Resource Center, AH Training and Development Systems, Springfield, Ill.
* *Governor's Alliance Against Drugs*, the Massachusetts Approach to Substance Abuse Prevention, 1986, 100 Cambridge St., Room 2100, Boston Mass. 02202
* "'Just Say No' Clubs Resource Paper," 1986, "Just Say No" Clubs, NIDA, PO Box 1909, Rockville, Md. 20850
* "Meta-Analysis of 143 Adolescent Drug Prevention Programs: Quantitative Outcome Results of Program Participants Compared to a Control or Comparison Group," Nancy S. Tobler, to be published in *Journal of Drug Issues*, Vol. 17:3, Summer, 1987.
* "One Step Ahead: Early Intervention Strategies of Adolecent Drug Problems," Joseph A. Muldoon and James F. Crowley, 1986, Community Intervention, Inc., 529 S. Seventh St., Suite 570, Minneapolis, Minn. 55415.
* "Peer Resistance Monograph: New Strategies in Drug Abuse Prevention for Teachers and Group Leaders," Wendy L. Ritchie, forthcoming, NIDA.
* *Skills for Adolescense*, a decisionmaking and alcohol and drug prevention curriculum, The Quest National Center, 655 Sharon Woods Blvd., Columbus, Ohio 43229.
* "Spotlighting Knowledge: Prevention Research and Knowledge Development," Prevention Resources, Vol 6, No. 3, Fall 1984, NIDA.
* *Staff/Team Evaluation of Prevention Programs*, forthcoming, NIDA.
* "Strategies for Controlling Adolescent Drug Use", J. Michael Polioch, Phyllis L. Ellickson, Peter Reuter, James P. Kahan, The Rand Corp., 1700 Main St., PO Box 2138, Santa Monica, Calif. 90401.
* "Substance Abuse Prevention in the Schools: What Really Works" Gilbert J. Botvin, 1986, Laboratory of Health Behavior Research, Cornell University Medical College, 411 E. 69th St., Room KB 201, New York City, N.Y. 11234. A similar version is scheduled to appear in the *Journal of School Health*, November, 1986, issue.
* *The School Team Approach*, 1984, Alcohol and Drug Abuse Education Program, US Dept. of Education, Room 2025, 400 Maryland Ave., S.W., Washington, D.C. 20202
* *"The Social Influences Approach to Drug Abuse Prevention,"* Brian R. Flay, 1986, Institute for Health Promotion and Disease Prevention, University of Southern California, 35 N. Lake Ave., Pasadena, Calif. 91101
* *"Teaching Tools for Primary Prevention: A Guide to Classroom Curricula,"* 1982, NIDA
* *"What Works: Schools Without Drugs,"* 1986, US Dept. of Education, Pueblo, Colo. 81009

EFFECTIVELY COMMUNICATING YOUR ANTI-DRUG PROGRAM

INTRODUCTION

- Public relations necessary for success of drug program
- Characteristics of good PR programs
- Drug program is a PR opportunity

How does your school district effectively communicate its alcohol and drug program to the public? This is a sensitive and complex issue which you must be prepared to deal with, but which presents great opportunities. President Reagan has put anti-drug efforts at the top of the national agenda, just as the *Nation at Risk* report paved the way for educational reforms throughout the country. So you'd better be ready to tell your community what your schools are doing in this area.

The main purpose of a public relations program is not necessarily to communicate how wonderful your drug program is—but to make sure it is effective and "on track".

A good PR program will help convince the public that the schools play but one part in the anti-drug effort. The nature of the drug problem is such that the school program must draw together the students, the school staff, parents and a broad cross-section of the community. Only concern and action by everyone will help to bring about an effective program of drug abuse prevention.

In summary, your PR plan is an opportunity. It's a chance to inform citizens about your school district's education program, strengthen anti-drug efforts, tell the larger community what you are doing to help in this area and involve them in your programs.

WHERE DO YOU BEGIN?

- Take your community's "pulse"
- Determine your PR strategies & priorities
- Keep your program on track

A good school PR plan must first identify the school district's many "publics," the message to be communicated, and the "vehicles" for carrying the messages. Communications about your school's drug prevention program must be honest, accurate, positive, well planned, and spelled out. Before you begin, you need to know where you stand. What do citizens know, and how do they feel, about your drug program?

Be prepared, however, for some disturbing information. A school board has to be aware that it takes a risk by bringing a problem out into the open. The district may suffer some bad publicity as a result. But the overwhelming support you can win in the long run from your community and your students should more than justify that risk.

Citizen support should guide you in determining your PR strategies and priorities. For example, if you find that parents are worried about safety in the schools, you can discuss your school's discipline policy or print a brochure on the district's code of conduct or sponsor a poster or essay contest about the costs of drug abuse.

Taking Your Community's Pulse

Every community has its own pulse, its own likes and dislikes, different feelings and emotions, both pro and con, about its school.

If you don't know where your community stands, there is a way to take the public's pulse—through an opinion poll that surveys the attitude of the community toward its schools.

This can be done in several ways—through a mail-out survey, a carry-home survey, a telephone poll, or through personal interviews. Of course, this takes time and money, but you need to know what the public is thinking.

It's best to keep your survey short. Once you have results, you are ready to inform the staff, school board, media and public of the findings.

Once your goals are set, your PR program should identify the techniques for reaching your publics. For example, school newsletters can be a good way to communicate. School microcomputers can be used to compile a resource list of talented parents and community members who can work in the drug education program. A school speakers' bureau can develop support for the school by providing programs for community organizations.

Your PR program should look at the audiences and determine the message that should be sent and the best way to interact with those audiences. Another important factor in your PR strategies will be that of cost. For example, an investment of time and very little else is the prime ingredient involved in open office hours.

Your school superintendent could hold open office

hours for a two-hour period each week. Days and hours are rotated and announced in the local press. There are other similar no-cost strategies such as a neighborhood walk, telephone calls to patrons and parent feedback forms.

Effective school PR programs don't just happen. They're planned, and they include three key elements: clear goals, people and resources devoted to accomplishing the goals and an evaluation of the program based on its goals.

Setting goals involves finding out what your publics want to know and deciding what you want to say. Surveys, questionnaires, meetings, logs of phone calls are good ways to learn what your publics are thinking. Once you have this information, you can set communications goals to address these concerns.

Assigning people is the next step. Schools with the most successful PR programs make everyone in the school part of the public relations team. PR is everyone's responsibility.

Evaluation of your PR program should be based on your goals. Did you want to increase community involvement in your drug program? Improve coverage of your school drug program in the news media? Results of your program should be measured to keep everything on target.

TELL THEM ABOUT YOUR POLICY AND PROCEDURES

- Start with a strong school board policy
- Be proactive, not reactive
- Address issues within issues

Your school board should have a clear and concise policy statement with respect to drug education and drug use. You will want to publicize this policy in order to make students, staff and the community aware of the school district's position.

The board policy should answer such questions as:

* The kinds of cooperation to be developed with the community enforcement agencies and the courts;
* The legal responsibilities of school personnel;
* Handling of confiscated drugs;
* Outsiders found dealing with drugs in the schools;
* Possible conflicts between law enforcement agencies and the schools.

Part of your PR job is to see that all employees—teachers, principals, custodians, secretaries and other support staff—know the answers to such questions as:

√ How do your major publics find out what your school district is doing?

√ How do they learn about your drug program?

√ What do citizens do if they are concerned?

√ What kind of help can a parent receive through the program?

You should also address "issues within issues" in advance:

√ What is your position when young-looking police officers attend classes posing as students to arrest students and break up drug-selling operations?

√ Will your school board support a program in which a financial reward is offered to students who provide information leading to the arrest and conviction of other students who are using or selling drugs?

√ What about the use of trained dogs to sniff the possessions of students suspected of having drugs?

√ How do you react when a student turns in his parents for drug use?

Regardless of what it may be, a decision must be made on these issues. Be proactive, not reactive! That's PR.

DEVELOPING YOUR PR PLAN

- Match specific messages with key publics
- Include feedback mechanisms to "listen" to the community
- Your PR plan should have several components

Your school district's PR plan should match specific messages with key publics and provide plenty of room for involvement and feedback mechanisms. It should be a multi-dimensional approach:

√ How do your major publics find out about what you're doing?

√ What does a parent or citizen do if he or she has a concern?

√ What are the district's guidelines in terms of offenses?

√ What kind of help can students get through the drug program?

It is important that all persons who will be affected by your drug program have the chance to share in making decisions involving the program. For example, in the schools, each of the following groups share common information needs:

* principals	* librarians
* aides	* bus drivers
* secretaries	* substitutes
* custodians	* volunteers
* cafeteria workers	* crossing guards
* nurses	* teacher organization leaders

Call them turned off, apathetic or passive—there are too many of them out there who don't care about your school or school system.

Whatever the reason, they could represent a fatal gap in the chain of communications—one that must be bridged if the PR effort is to be truly successful. If they won't come to you, you must plan to take your program to them. For example, have parents host small evening meetings in their homes for the principal or superintendent to meet informally with neighbors who, for one reason or another, don't come to the school.

Having school board members visit shopping centers on Saturday mornings is another way to listen to citizens and get first hand opinions and show you care about them.

How about the churches and synagogues? Today they are full of people who never visit the schools, so ask for time after a regular service or during an evening meeting to talk to the congregation.

Your feedback mechanism should provide for communications that is two-way, and sideways, as well as up and down. Components, techniques or gimmicks, whatever they're called, they represent an aspect of a public relations program that is too often a haphazard afterthought when it ought to be its foundation. Feedback is the only way you will know if you have successfully communicated.

Your PR plan should include a component explaining how your district is educating youngsters about drug abuse; a discipline component covering student and employee rights and responsibilities as well as the district's due process procedures. Are your principals aware, for example, of a student's legal rights in a drug situation?

There also should be a counseling component, explaining how your district seeks to help students and parents, and a component detailing your district's relationship with outside agencies and the community while handling drug problems.

How are you planning to work with your "external" audiences? For example, you should look at dividing your many publics according to categories such as :

* parents
* non-parents
* senior citizens
* businesses and industry
* ethnic minorities
* civic groups
* religious groups

Someone must be specifically responsible for assessing needs, identifying audiences, choosing communications vehicles, and evaluating your program. How will parents and citizens communicate with your district? Will your plan include rap sessions, community meetings and open houses?

Since you are competing for people's time and attention, you should have a variety of strategies for communicating and listening, including:

* newsletters
* brochures
* radio and television public service announcements
* talk show interviews
* handbooks
* facts and figures folders
* PTA and parent meetings
* open houses
* coffee klatches

FORM A COMMITTEE FOR ACTION

- Aim for a broad cross-section of your community
- Schools can serve a leadership role
- Spell out what the committee will do

A PR committee should be an important part of your drug program strategy. Most school districts strive to get a representative cross section of the community on this committee. Criteria might include geographic location, income, ethnic background, religion, race and organizational affiliation.

MOBILIZING THE MINORITY COMMUNITY

Every community has its particular challenges. The challenge of organizing effective drug abuse prevention programs in the ethnic minority communities is an urgent one. Unfortunately, most studies of drug use and abuse say little about differences among ethnic groups and income levels. It is known, however, that certain problems associated with drug use are more likely to be found in low-income communities.

It is imperative, therefore, that local citizens from minority communities become involved in drug abuse prevention programming to establish that drug use is unacceptable in their neighborhoods and to help young people resist the pressure to use drugs.

It is important that all persons who will be affected by the group's decisions have the chance to share in making those decisions. Your committee should involve, but not be limited to:

* Students
* Social clubs
* Churches
* Local newspapers
* Radio and television stations

* Medical professionals
* Police and legal community
* Juvenile authorities
* Drug and alcohol rehabilitation agencies
* Volunteer drug programs
* Health department

The school district can serve a leadership role in organizing community support. A team approach between the district and various segments of the community is essential.

In forming your committee, be sure the group has clear and explicit guidelines for its operation, with periodic evaluations of its work.

What will you ask the committee to do? It can monitor your drug PR activities and give you suggestions and support for activities to keep the district's drug program on target. It can air community sentiment about policies and procedures and offer feedback from various audiences, such as legal, medical, or religious. Your committee also is a vehicle to allow members to carry information back to their constituents and thereby maintain communications between the various agencies.

COOPERATING WITH OTHER AGENCIES

- Comprehensive attack needed
- Use police links
- How to use volunteers

Drug abuse prevention is a matter of bringing together people, programs and resources. The review of community resources and activities shouldn't be construed as a search for "trouble." Instead, the inventory ought to include all kinds of activities and organizations that bring people into working, sharing and supporting relationships with each other.

Most localities, major city governments, states and counties have officials with the responsibility for dealing with drug abuse; talk to them about coordination and program planning.

There are many kinds of groups with which you should interact:

* Churches
* Schools
* Civic associations
* Fraternal social organizations
* Law enforcement agencies
* Unions
* Business and trade groups
* Police, judicial and corrections
* Drug projects & crisis-intervention groups

Use this network of leadership to identify programs and activities in your area. Police-community relations teams, for example, have been formed to build bridges between law enforcement professionals and youth leaders, parents, school officials and street leaders. Police officers have become excellent "surrogate big brothers" in a number of school and out-of-school projects.

TRY A TELEPHONE HOTLINE

An effective way to get up-to-date messages out to the community is through a telephone "hotline."

A special hotline telephone number (don't make callers go through a switchboard) that operates 24 hours a day can carry information about your drug program as well as timely and factual material to help eliminate rumors. Cover your problems or crises as soon as they occur. If you don't know the whole story, say so and comment on what you know. Keep your messages short. Most people can't take listening to something prerecorded for more than three minutes.

Conduct a massive publicity campaign when you initiate your telephone hotline, but don't stop there. People need to be reminded constantly if you want them to call regularly. Promote the hotline in district publications and other regular information channels in the community.

Many school districts have special Adopt-A-School and volunteer programs under way that can be brought into your PR planning. In his Texas War on Drugs program a few years ago, Dallas computer magnate H. Ross Perot employed parent peer groups to educate parents about the drug program. Perot realized that students knew much more about drugs than their parents.

In Oakland, California, a group calling itself "Oakland Parents in Action," received a grant of money for an anti-drug project involving parents and school leaders. The first step was to organize a committee of key people, including school principals, teachers, clergymen, school board members, city council members, county supervisors, editors of the local newspapers, and anyone else who would listen. Could you do the same in your community?

EDUCATE YOUR STAFF ABOUT THEIR ROLE

- Parents may be part of the problem
- School is substitute parent

• Need for local school plan

Many parents drink, smoke and take pills as addictive consumers, which makes their children feel justified in doing the same. Family disintegration through divorce, separation, alienation, trial marriages, and so forth among parents complicates the situation. Children do not have adequate parental models.

Consequently, more pressure is on school personnel to serve as substitute parents. Some parents or guardians even appear to delegate drug education to school personnel.

However, school personnel are up against peer group pressures, the mobility of youth, parental apathy, the availability of drugs to youth, the financial independence drug selling provides youth, the lack of authorized personnel to stop drug traffic within the schools, the shortage of funds for drug education and the failure of school personnel to cooperate in providing a comprehensive and competent drug education program.

Since many problems go back to the local school, principals need to have a school faculty advisory committee and community advisory committee to plan a campus PR program. They need assistance in mapping out their own PR strategy.

FIGHT RUMORS WITH AN ORGANIZED GRAPEVINE

- Don't overlook the rumor
- Use Key Communicators to get facts out
- Openness and trust are key words

One of the things you shouldn't overlook in your PR plan is the rumor.

Key Communicators are people who talk with and are trusted by a large number of people. They may be the barbers, beauticians, bartenders, police officials or the PTA for example.

Each school principal can establish Key Communicators in the area being served by the schools. A one-hour meeting with eight to 10 persons can explain the key communicator idea, which is to establish an "authorized grapevine" to help school officials communicate more effectively and more quickly with the community.

When Key Communicators hear a rumor about the school, they call the central administration to get the facts. When the administrator wants to share information about the school with the community, he or she calls Key Communicators. The program is especially helpful when a crisis occurs because the process allows instant communication.

Whatever you do, maintain an atmosphere of openness and trust. Recognize the importance of a feedback system to monitor the public.

COOPERATING WITH REPORTERS

- Cooperation is essential
- Some tips on handling reporters

Drug abuse in the schools makes headlines and your PR plan had better include something about dealing with reporters. Perhaps one word—cooperation—is almost always the key to working with the press.

The classic school administrator's lament is: "why always print the negative? Why not write about some of the good things now and then?" To which the media replies: "You're all smiling and cooperative when you've got good news. But comes a negative story and you crawl into a closet and slam the door. It works both ways."

So it does. The news stories that will appear in print or on the radio or television are no better than the information provided the reporter. Remember that if the reporter is ignored, misled, put off or treated with disdain, there's a pretty good chance that some kind of negativism will be reflected in his or her story. And how does it look to the public when they see or hear that the administration "refused to talk to a reporter" or was "unavailable for comment."

Keep these tips in mind:

* be available to speak on the issues;
* respect the press as professionals and treat them accordingly;
* if you don't know the answer, say so, but promise to get back with the answer ;
* admit your mistakes when you make them;
* treat all media fairly— do not play favorites;
* be honest, not secretive—what do you have to hide?

EVALUATE YOUR PR EFFORTS

- Different situations need different programs
- Some tips for evaluating your efforts

Good school public relations is designed to keep the school system and its publics informed and involved. Different school systems need different kinds of PR programs. Programs like drug education must be designed to meet specific needs.

Some of the things you might look at in reviewing your PR efforts include the following:

* Are your activities varied? Newsletters and the

news media may be fine for some audiences, but they certainly won't get the job done alone. There are many ways to reach your publics...decide which will serve you best. Also, make sure you do more than putting out the word—listen, too.

* Are key publics involved? Start at home with school staff, but involving community leaders, parents, and the news media are the key.

* Is your plan measurable? To be effective, your program has to be well planned and spelled out. Begin by assessing needs...involve others in the planning...base it on the district's goals.

* Is everyone prepared to handle their PR responsibilities? In a school system, everyone is part of the PR team. They have to be made aware of that first. Staff development programs must also be provided to give employees at all levels the tools and skills to handle the assignment.

RESOURCES

(For additional information on drug abuse programs, contact the sources listed below).

* National School Public Relations Association
1501 Lee Highway, Suite 201
Arlington, Va. 22209
703-528-6560
* National Institute on Drug Abuse
Office of Communications and Public Affairs
5600 Fishers Lane
Rockville, Md. 20857
* National Institute on Alcohol Abuse and Alcoholism
Prevention Branch
5600 Fishers Lane
Rockville, Md. 20857
* Drug Enforcement Administration
Public Affairs Office
1405 I Street, N.W.
Washington, D.C. 20537

Every state and territory has an ACTION agency that is responsible for volunteer activities. To locate the telephone number and address for your state ACTION office, either contact your state capitol or contact:

ACTION
806 Connecticut Avenue, N.W.
Washington, D.C. 20525

* National Federation of Parents for Drug-Free Youth
1820 Franwall Ave., Suite 16
Silver Spring, Md. 20901
* The National Association of State Alcohol and Drug Abuse Directors
444 North Capitol St., N.W., Suite 530
Washington, D.C. 20001
* Parents Resource Institute for Drug Education (PRIDE)
Robert W. Woodruff Bldg.
100 Edgewood Ave.
Suite 1216
Atlanta, Ga. 30303
* The American Council for Drug Education
6193 Executive Boulevard
Rockville, Md. 20852 (For publications and Films on drugs)
For pamphlets and newsletters related to drug and alcohol issues for parents, professionals and community leaders:
* Committees of Correspondence
24 Adams St.
Danvers, Mass. 01923

For information on abstracts of current drug abuse articles:

* Families in Action
Suite 300
3845 N. Druid Hills Rd.
Decatur, Ga. 30033

FEEDBACK FORM (Please copy & return to address below)

	Not Useful	Little Use	Useful	Very Useful
	1	2	3	4

1) How useful was this **Executive Summary**:

2) The next two issues of the **Executive Summary** will be on *Improving School Performance Through Staff Evaluation*, and *Expanding School Resources Through Business/School Partnerships*. To help plan future issues, please check which of these topics are of most interest to you:

____Drug Abuse Legal Issues ____School Policy on AIDS
____Drug Disciplinary Policies ____Reforming Guidance & Counseling
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